



# County Borough of Smethwick

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The  
Health of the Borough  
in  
1948

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HUGH PAUL, M.D., D.P.H.

Medical Officer of Health,  
Tuberculosis Officer, School Medical Officer  
and Medical Superintendent of Joint Isolation  
Hospital and Sanatorium

JOHN H. WRIGHT, M.B.E., F.S.I.A.

Chief Sanitary Inspector



# County Borough of Smethwick.

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## COMMITTEES—1947-1948

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### Health Committee :

*Chairman :* ALDERMAN MRS. E. M. FARLEY, J.P.

*Vice-Chairman :* COUNCILLOR W. H. PERRY.

THE MAYOR (COUN. A. BRADFORD, J.P.).	COUNCILLOR H. HAMILTON, M.R.C.S., L.R.C.P.
ALDERMAN F. W. PERRY, J.P.	COUNCILLOR W. G. MASON.
COUNCILLOR E. T. BROWN.	COUNCILLOR D. SHUKER.

*Co-opted Members for the purposes of Maternity and Child Welfare :*

MISS E. E. JONES, MISS M. LAWRENCE, MRS. E. M. METCALFE,  
MISS S. C. WRIGHT.

*Co-opted Member for Mental Deficiency Purposes :*

MISS L. N. BROOK.

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### St. Chad's Hospital Sub-Committee.

*Chairman :* COUNCILLOR W. H. PERRY.

THE MAYOR (COUNCILLOR A. BRADFORD, J.P.).

ALDERMAN MRS. E. M. FARLEY, J.P. ALDERMAN F. W. PERRY, J.P.  
COUNCILLOR E. T. BROWN.

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### The Hollies and Day Nurseries Sub-Committee :

*Chairman :* ALDERMAN MRS. E. M. FARLEY, J.P.

THE MAYOR (COUN. A. BRADFORD, J.P.).	COUNCILLOR E. T. BROWN.
ALDERMAN F. W. PERRY, J.P.	COUNCILLOR W. H. PERRY.

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### Smethwick and Oldbury Joint Hospital Committee :

*Chairman :* COUNCILLOR MRS. A. E. LENNARD, J.P.

*Deputy Chairman :* ALDERMAN S. T. MELSOM, C.C.

*Smethwick Representatives :*

ALDERMAN E. CONDON, M.B.	COUNCILLOR W. J. DARBY.
ALDERMAN MRS. E. M. FARLEY, J.P.	COUNCILLOR MRS. M. KIMBERLEY.
COUNCILLOR MRS. E. SEAGER.	THE LATE COUNCILLOR J. W. ALDER.

*Oldbury Representatives :*

ALDERMAN B. T. ROBBINS, J.P.	COUNCILLOR MRS. M. E. GARRATT.
(Mayor).	COUNCILLOR MRS. R. SMALLWOOD, J.P.
ALDERMAN H. H. ROBBINS, C.A.	

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### Smethwick Representatives on the South Staffordshire

#### Joint Smallpox Hospital Board :

ALDERMAN MRS. E. M. FARLEY, J.P.  
COUNCILLOR MRS. M. KIMBERLEY. COUNCILLOR MRS. E. SEAGER.

## HEALTH DEPARTMENT STAFF.

*Medical Officer of Health, Tuberculosis Officer, School Medical Officer,  
and Medical Superintendent of Isolation Hospital:*

HUGH PAUL, M.D., B.Ch., B.A.O., D.P.H.

*Deputy Medical Officer of Health and Clinical Tuberculosis Officer:*

A. WILSON RUSSELL, M.D., Ch.B., D.P.H.

*Senior Assistant Medical Officer of Health:*

H. TABBUSH, M.B., Ch.B., D.P.H.

*Assistant Medical Officers:*

MARGARET E. McLAREN, M.B., Ch.B., D.P.H.

CHRISTINA J. McLEAY, M.B., Ch.B.

*Consulting Radiologist:*

JAMES F. BRAILSFORD, Ph.D., M.D., Ch.B., F.R.C.P. (to 4/7/48).

*District Medical Officer and Public Vaccinator:*

JAMES SHAW, M.B., Ch.B. (to 4/7/48).

*Chief Sanitary Inspector:* †\*JOHN H. WRIGHT, M.B.E.

*Deputy Chief Sanitary Inspector:* †\*R. G. EVANS.

*Sanitary Inspectors:*

†\* G. J. ALLEN.

†\* V. M. LAWTON (to 31/3/48).

†\* J. H. MORRIS.

†\* T. H. CUTLER.

†\* J. W. M. RIVERS.

\* L. G. FRANCIS (from 22/5/48).

†\*E. F. KELLY (from 11/10/48).

*Pupil Sanitary Inspectors:*

R. G. MARSHALL (from 23/2/48). L. G. FRANCIS

(from 27/1/48 to 21/5/48).

*Secretary:* \*GEORGE H. ROE.

*Clerical Staff:*

L. H. DEARNE, Chief Clerk  
(to 15/3/48).

J. P. LITTLE, Senior Clerk  
(to 17/11/48).

|| J. B. CHAPLIN, Chief Clerk  
(from 3/5/48).

T. RYDER, Senior Clerk  
(from 20/12/48).

FRANCES K. CALLARD  
(i/c M.C.W.).

FLORENCE E. HOWLETT (i/c S.M.S.).

EVELYN M. SMITH (M.O.H.'s Secretary).

KATHLEEN L. WHISTON.

BARBARA R. EDGINGTON.

LILIAN PARISH.

MRS. I. PALMER.

M. H. CRITCHLEY.

T. A. GROSVENOR.

BARBARA DANCERT.

MARJORIE GRUNDON (to 9/8/48).

ANNE E. UNDERHILL (to 4/7/48).

KATHLEEN KANE (to 26/2/48).

KATHLEEN BOWSER (to 7/2/48).

M. J. O'BRIEN

MRS. E. DANCE (to 11/9/48).

(from 9/2/48 to 2/10/48).

WINIFRED BATSFORD (from 5/1/48).

J. E. BEDDALL (from 9/8/48).

CYNTHIA J. LANE (from 30/8/48).

JANE M. G. DONOGHUE

A. J. WARD (from 25/10/48).

(from 6/9/48).

MARY L. WHITEHOUSE.

T. P. JONES (from 25/10/48).

EVELYN M. HAFEXY (Telephonist and Receptionist).

*Duly Authorised Officer:* W. A. HARNDEN (from 5/7/48).

*Nursing Staff:*

*Superintendent Health Visitor:* †ab MISS E. WILLIAMS.

### *Health Visitors :*

+ab MISS H. OWEN.	§ MRS. E. H. SIMMONDS
+ab MISS J. E. ACKERS.	(from 31/5/48 to 14/9/48).
+ab MISS J. HIGH.	+ab MISS M. P. O'KEEFE.
+ab MISS M. WAINWRIGHT.	+ab MISS E. A. ROBERTS.
§ MISS A. F. SHARPE	+ab MRS. D. GRAINGER.
(from 4/10/48).	+ab MISS M. LAVIN (from 1/9/48).
+ab MISS E. O. CORNS	ab MISS M. B. DAVIES
(to 17/2/48).	(to 14/4/48).
+ab MISS V. F. GREEN	+ab MISS M. C. ASTBURY
(to 2/10/48).	(to 28/12/48).

### *Student \* Health Visitors :*

MISS M. LAVIN (to 31/8/48).	MISS M. JOSE (from 6/9/48).
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### *Clinic Nurses :*

MRS. B. E. SMITH (from 3/5/48).	MISS G. E. CLARKE (from 18/5/48).
MRS. H. M. WARNER	MRS. W. M. CAVE (from 14/4/48).
(from 1/4/48).	MRS. A. M. WARD
MRS. W. K. MORRIS	(from 5/4/48 to 7/9/48).
(from 5/7/48 to 28/8/48).	

The work of these Health Visitors and Nurses is divided between the Health and Education Committees.

### *Municipal Midwives :*

NURSE A. GROSVENOR.	NURSE B. EWINGS.
NURSE L. JACQUES.	NURSE L. CHATWIN.
NURSE W. KENNY.	NURSE M. A. KING.
NURSE L. RIDGER (to 8/9/48).	NURSE F. C. CONEFREY
	(to 11/8/48).

NURSE N. O. SCRIVENS.

### *Home Nurses :*

b MISS H. M. DAVIS.	b MRS. M. A. WORRALL.
	MRS. E. B. WEAVER
(Transferred from Smethwick District Nursing Association, 5/7/48).	

### *Home Nurses (Part-time) :*

MRS. E. G. WINNETT	MRS. M. WIGHTMAN
(from 25/11/48).	(from 13/12/48 to 31/12/48).
MRS. S. F. HUTCHINSON	(from 13/12/48).

### *Chiropodists :*

MISS A. M. DOBSON.	J. BEAUMONT:
(Transferred from Birmingham (Cape Hill) Dispensary, 5/7/48)).	

*Matron of Isolation Hospital:* MISS L. BENNETT, S.R.N., S.C.M.

*Matron of "The Hollies,"* MISS A. M. ROBINSON, S.R.N., S.C.M.

### *Matrons of Day Nurseries :*

Norman Road:	MRS. M. BARRASS, S.R.N., S.C.M.
Brasshouse Lane:	MISS IRENE M. CLARK.
Edgbaston Road:	MISS MARY E. GRIFFIN

*Ambulance Officer:* A. F. BEACON.

*Assistant Ambulance Officer:* C. R. TWYGCROSS.

*Public Analyst:* F. C. D. CHALMERS, M.A., B.Sc., F.I.C.

- \* Sanitary Inspectors' Certificate of Royal Sanitary Institute.
- + Meat and Foods' Inspectors' Certificate of Royal Sanitary Institute.
- ‡ Health Visitors' Certificate.
- a State Certified Midwife.
- b State Registered Nurse.
- || Diploma in Public Administration.
- 1948.
- § Joint Appointment with Regional Hospital Board from 5th July.

*Extract from "The British Medical Journal" dated  
29th September, 1883.*

## **" SANITARY ARRANGEMENTS AT SMETHWICK."**

" Smethwick is a manufacturing town in South Staffordshire, with a population of upwards of 25,000 persons. It is high time the local sanitary authority bestirred itself. The drainage of the town, or what passes for drainage is of the most primitive and pernicious description. We are informed that a foul ditch runs through some of the streets; and that an open sewer is to be found in the centre of the town running alongside the principal thoroughfare, Rolfe Street, where it receives the contents of several pig-styes. Another open sewer runs alongside High Park Road, and there receives drainage from what is called the 'tip.' These three sewers all join together at a place which is cheerfully known as 'Merry Hell,' and which, for many years, has been well-known as a fever-den."



# County Borough of Smethwick

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*Public Health Department,*

*"The Uplands,"*

*Hales Lane,*

*Smethwick,*

*February, 1950.*

TO THE MAYOR, ALDERMEN AND COUNCILLORS FOR THE  
COUNTY BOROUGH OF SMETHWICK.

MR. MAYOR, LADIES AND GENTLEMEN,

The year 1948 was a monument rather than a landmark in the history of social progress in this country, and the historic legislation which came into operation on the 5th July will be remembered for hundreds of years as probably the most important social event in this country since the signing of Magna Charta. The National Insurance Act, while not dealing directly with health, was designed to contribute as much as the National Health Service Act to the maintenance and promotion of the physical welfare of the people, and although outside the scope of the work of a Public Health Department, will probably do more for the common good than the National Health Service Act. It is, however, with the latter we have had to deal.

It might be expected that such a mass of legislation coming into operation on one single day could give rise to difficulties and friction, but the surprising thing is that the enterprise creaked so slightly on being launched. It is true that these creakings were possibly more evident to the mass of people than the actual benefits, and this perhaps is unavoidable, but nevertheless it will be agreed by all fair-minded persons that the main object of the Act was achieved from its very beginning, namely, the provision of a complete and comprehensive Health Service for 100% of the population. For the first time in our history no person in this country need be afraid of consulting his doctor because of lack of means, and no person is compelled to remain at home when he needs hospital treatment merely because he cannot afford it.

Having said this it is one's duty not merely to try to implement the Act to the full in the years to come, but to endeavour by constructive criticism to improve it and to remove its deficiencies, for improvements are possible and deficiencies are present even if at the moment they are unavoidable. The main effect of the Act, or of the working of the Act, is that contrary to the intentions of its sponsors, and perhaps inevitably, three separate and distinct organisations have been set up to deal with health and disease—the Hospital Authority, the General Practitioner Service and the Local Authority—and in spite of boundless goodwill on the part of those operating all three services at the highest level, the lack of liaison between these three bodies is painfully evident at the patient level. It may perhaps be ungracious to stress this deficiency in a region where the Regional Hospital Board, as well as the Local Executive Council, have been conspicuous by their determination to co-operate and by the willingness to do everything possible to make the triple service a success. The lack of co-ordination is due, therefore, not to an unwillingness to operate

this scheme, but to its intrinsic difficulties. In a small town like Smethwick, however, the co-operation between the General Practitioner Service and the Local Authority could hardly be further improved, as both in the Local Executive Council and between the members of the General Practitioner Service and the Public Health Department, there is a boundless supply of goodwill. The Regional Hospital Board area, however, is so vast in extent that personal relationships at all levels are not easily achieved.

To a medical officer of health the most serious defect in the health services as a whole is the unfortunate emphasis on the **cure** of disease which the National Health Service has inevitably had upon the medical profession and indeed upon the public, and this has perhaps been enhanced by the insistence in all quarters, local and national, that the word "clinical" attached to a doctor's duty makes him more important than if he were doing non-clinical work.

The Regional Hospital Board system in its monumental rigidity has contributed largely to this atmosphere, and because of the vastness of its work, the number and size of its hospitals, and the greatness of its expenditure, has impressed itself upon the public as the most important section of the Health Service. This is unfortunate, as it is unquestionably the least important. The hospital system in this country should be regarded as the repair department of any modern motor car factory would be, where failures and deficiencies in the main work of the service are dealt with. In other words the hospitals are the Service-Repair department of the Health Service, and in spite of the magnificent monuments of stone, marble and chromium which are such a prominent feature of the big towns, they contribute only in a pathetically trivial way to the health of the people.

It may appear strange, but nevertheless it is true, that many members of hospital boards including men of great intelligence, experience and foresight, regard the duty of the boards in the future as a task of expansion rather than of contraction. How utterly absurd! It is suggested that the number of beds required per one hundred thousand of the population is grossly inadequate, and should be increased. Many of the men who express these views run commercial or industrial undertakings as a means of livelihood, and yet if, for example, a large car manufacturer found that his Service-Repair department was too small to deal with the mass of failures or break-downs in his cars, he would certainly never dream of suggesting that the remedy is to increase the size of his Service-Repair department. He would at once examine his methods of manufacture—not to cure, but to prevent these defects and break-downs from arising. The task of a hospital board would appear to be its own elimination, and the wise board would have as its object a progressive reduction in the number of its beds, and a steady reduction in its expenditure.

It must be admitted at once that the prevention of disease is not primarily a matter in which the hospitals can do much, although they may make some slight contribution to this end. The main contribution, however, must come from the other two sections of the Health Service, namely, the general practitioners and the Local Authorities.

The general practitioner is the backbone of the Health Service in this country, and any steps taken to enhance his prestige, to make his work easier, or to provide him with more efficient tools, will yield great dividends in health. His unique and challenging position as family doctor should enable him to treat disease in its infancy at a time when it is barely severe enough to provide incapacity. He can by suitable advice and careful observation do much within the family to prevent disease and to enhance health, particularly amongst the children. At the present time his powers in this direction are greatly



circumscribed, and his work in many directions is frustrating because of the difficulties under which he works. Much of his time is inevitably taken up in non-medical work, such as nursing and clerical work which could be done very much more efficiently by non-medical staff. The numbers with whom he has to deal, especially in an industrial town, are greater than he can conveniently manage, and he is thus driven in many cases to treat symptoms rather than to act as a true family physician. The provision of health centres in large numbers will do much to remedy this state of affairs, but the position can never be satisfactory until the general practitioner is enabled to earn a reasonable living with a much smaller number of patients, and by working considerably fewer hours. He must have more time to think, to read, to study, and to talk to his patients at greater leisure. This steady reduction in the number of patients will occur in the natural course of events, as the number of doctors in the country increases. The general practitioner, in addition, must not be treated merely as a sorting machine for classifying patients into various groups and consigning them to other bodies or institutions for treatment. He must have available freely at his own disposal many of the facilities which now can only be obtained by the surrender of his patients to hospital. For example, many bacteriological, biological, biochemical and radiographic facilities are only available in hospitals. The general practitioner who wishes to treat his own patients at home must be given these facilities without the surrender of his patient. An experiment of this nature is being tried out at one of the large hospitals in Birmingham, and its outcome will be watched with interest.

The family doctor must be enabled, if it is at all possible, to treat his patients at home. This is desirable not merely because the cost to the state is infinitely less than if the patient is admitted to hospital, but because the treatment is very much more agreeable to the patient. It is difficult in a large hospital for a patient to be made to understand that it is **he** who is being treated and not one of his organs. The conscientious family doctor never has any difficulty in giving his patient to understand that he is interested in him as a person and not "as a stomach, liver, pneumonia, or ulcer." In hospital, however, patients are frequently referred to as "the appendix in Ward B," "the pneumonia in Ward A," or "the diabetes in 16X" and so on. It would be difficult to imagine a doctor coming into a home where a child is ill, and asking the mother "how is 'the stomach' in the front bedroom?" He would naturally enquire "how is Johnnie feeling to-day," Johnnie being an individual and not a stomach encased in bones, flesh and a wrapping of skin.

To the medical officer of health the National Health Service Act of 1946 has come as a blessing in disguise. The words "in disguise" are added as many of us felt a sense of deep disappointment when we lost control of our municipal hospitals. On reflection, however, it must be admitted that the greatest evil which has ever been done to medical officers of health within the last one hundred years has been the giving to them the control of general hospitals, and the Local Government Act of 1929 which transferred hospitals from the Poor Law guidance to Local Authorities, provided medical officers of health with a task, admittedly an interesting and absorbing task, but one which tended to rob them of their birth-right and to remove them from their true work, that of epidemiologists. The administration of general hospitals is interesting, absorbing and satisfying, but it is not work for which medical officers of health were created. The medical officer is a sociologist, and his duty is not the trivial and unimportant duty of curing disease, but in preventing it and of enhancing health. The years from the operation of the 1929 Act until the 5th July, 1948, were responsible in many towns for the decline in interest and knowledge of the medical officers of health in sociology and epidemiology. It is true that since 1929 municipal hospitals have been improved

out of all recognition in most parts of the country, although the standard even in 1929 was extremely high in large centres of population such as Birmingham. In many smaller towns it was frequently deplorably low. Medical officers of health may well be proud of the work which they have done in hospital administration between 1930 and 1948, but they can scarcely look back upon these years with pride in the contemplation of their contribution to the study of those factors which adversely affect the health of the mass of people in their own homes. There are, however, numerous exceptions to this, and many of them who have remembered their early days and their early training have always in the forefront of their mind a vision of health and not of disease.

Although the transference of general hospitals from the Local Authorities has been an unqualified blessing to the public health staff, it is doubtful if one can say this of the infectious diseases hospitals and the tuberculosis service, and most of us regard the future of these two with misgivings. Experience since the 5th July suggests that the work of the medical staff of the smaller fever hospitals is looked upon with disdain and contempt by physicians, who complain with some justice that the clinical armamentarium of the smaller fever hospital staff is exiguous. This is true, but the Medical Superintendents, who are often the medical officers of health of the local district, can at least claim that they have succeeded in doing what other clinicians have singularly failed to do, namely, they have almost wiped out their speciality. Most of these institutions are half empty, and begging for patients. What a testimony to the efficiency of their staff, and yet the ironic fact is that their work is despised and rejected! In retort the public health doctors might well accuse the general physicians and surgeons of almost complete failure to reduce the incidence of the diseases they treat, many of which have increased vastly in numbers and volume. Their main successes are due not to their own efforts, but to the chemists who have supplied them with new and more useful drugs, and to the bacteriologists and mycologists who have provided them with better and more modern antibiotics.

Prevention is better than cure. This is generally accepted in words—but not in deeds. The public will pour vast sums into the erection of huge and expensive hospitals where the weekly cost of a patient runs to £10, £12 or £15 a week but, understandably enough, the man in the street is not interested in what does not happen to himself. He is blissfully unaware of the typhoid fever he does not contract, of the cholera which he does not suffer from, of the smallpox which is kept from his midst by constant endeavour, and indeed, of the diphtheria which took such a toll of the preceding generation but from which his child now rarely suffers.

The future should not be regarded with despondency even in this connection. No-one thirty years ago could possibly have conceived that the State and Local Authorities could be persuaded to spend the considerable sums which they now spend on the prevention of disease. Nevertheless it has happened, and it is probable that the increasing cost of hospital treatment will, by its very magnitude, force the country to consider the problem of preventing many of these costly diseases by the expenditure of a small proportion of this money in tackling the beginning of disease, and laying more stress on prevention rather than on cure.

#### THE YEAR IN SMETHWICK.

The number of births fell from the peak figure of 1,608 in 1947 to 1,451, but this number was still considerably higher than for the period before the second World War. The death rate also fell from 11.7 to 10.98 per thousand. It was, however, in the realm of maternal and child health that the results

achieved were so very satisfactory. The infant mortality fell from 42.9 to 28.9, the lowest figure within our history. This spectacular decrease in the infant death rate is very gratifying, especially as it is actually less than half the corresponding rate for 1938, only one decade ago. The neo-natal mortality, that is, deaths of children under one month of age, also fell to the very low level of 18.6, again a record. The considerable volume of social work which is carried on for the supervision and care of the unmarried mother has resulted in the illegitimate death rate being the lowest on record, considerably lower than the legitimate death rate. Only one illegitimate baby out of 54 died. With regard to expectant mothers a record was once again created, in that only one mother out of the 1,451, died in child-birth, the lowest in our history.

No deaths occurred from diphtheria, whooping cough or scarlet fever, but the number of deaths from cancer increased to 157, so that at the present time one person in six dies of this disease.

In tuberculosis the increased death rate which was such a feature from 1940 onwards has now been reversed, and since 1943 there has been a steady decline in its mortality, the figure having fallen from 84 per 100,000 in 1943 to 62 in 1948. For the first time in our history there were no deaths from non-pulmonary tuberculosis. Notifications of tuberculosis on the other hand have increased very substantially since before the war from 107 to 259. These figures which sound alarming do not, however, represent the true proportions. The larger figures are due to earlier and better diagnosis and upon radiological diagnosis of young children who would have escaped detection ten years ago. For example, in 1943 only 9 children under fifteen years of age were notified as suffering from tuberculosis, but this figure had increased in 1938 to 104; most of these were symptomless and their ascertainment is due to the greatly increased amount of work which Dr. Russell has carried out in the examination of contacts, nearly all of whom are now examined in Smethwick. Of these 104 children only four required institutional treatment. The attendances at the Chest Clinic increased from about 3,000 in 1938 to over 8,000 in 1948, and the number of radiographs from about 800 to nearly 2,500.

The most disquieting feature, however, of the tuberculosis service is the influence on its incidence of the unhappy housing situation in the town, and it is highly alarming to read in Dr. Russell's report that "during the year a survey was made of the tuberculous families where there was a sputum positive patient in the house, **and in only three was it found that the children were not already infected.**" This means that because of the unfortunate shortage of houses, tuberculosis, which is preventable, is being passed on from generation to generation. The shortage of houses is particularly unfortunate in Smethwick which is so densely populated, and in which there are no spaces available for housing. The Housing Committee are to be commended and thanked for the fact that they have allocated a definite and substantial proportion of new houses to tuberculous families.

With regard to other infectious diseases there were three deaths from infantile paralysis, and there was a small epidemic of paratyphoid fever which involved Smethwick and the surrounding towns of South Staffordshire and Worcestershire. Road traffic accidents and other violence were responsible for the death of 23 persons which is a number far in excess of the total deaths for several years of scarlet fever, diphtheria, whooping cough, measles, and infantile diarrhoea.

It is too early yet to strike a balance sheet on the results of the new schemes set up under the National Health Service Act, but in general it may be said that the work of the Health Department during the next five years will



be concerned largely with the implementation of this Act. It is hoped that by our Home Nursing Scheme and the provision of domestic help we shall be able to keep far more people away from institutions and in their own homes. We shall endeavour to reduce still further the incidence of infectious disease, particularly tuberculosis, and now that we are no longer required to spend a considerable proportion of our time in the treatment of the sick, we may look forward to fruitful work in the prevention of disease and in the enhancement of the health of the people, physical and mental.

In conclusion I would like to thank the Chairman and Members of the Health and Education Committees for their unfailing encouragement and help, my own staff, and my colleagues in other departments, for their willing assistance. The work entailed by the bringing into operation of the new mass of legislation has been almost overwhelming since the 5th July, 1948, and it will be several years before arrears of work are overtaken and the schemes to which we are committed are fully implemented. In spite of the shortage of staff, the officers of the Health Department have worked extremely hard and with unbounded enthusiasm under the greatest possible difficulties, and such successes as we may claim are due in no small part to their devoted and unselfish help.

I am, Mr. Mayor. Ladies and Gentlemen.

Your obedient servant,

HUGH PAUL, M.D., D.P.H.,  
Medical Officer of Health.

# Annual Report for 1948

## GENERAL STATISTICS.

AREA: 2,500 acres.

POPULATION: Census, 1931—84,406.

Estimated pre-war: 78,290.

Estimated civilian population 1948: 77,110.

RATEABLE VALUE: April, 1949: £428,446.

ESTIMATED PRODUCT OF A PENNY RATE: £1,690.

RATES IN THE £: 16/-d.

ESTIMATED NUMBER OF HOUSES IN THE BOROUGH: 21,638.

## EXTRACTS FROM VITAL STATISTICS.

					1948	1947
BIRTHS:	Males	...	...	...	752	814
	Females	...	...	...	699	794
				Total	1,451	1,608
	Illegitimate Births included in					
	above total	...	...	...	54	63
	Birth-rate per 1,000 population				18.8	21.2
DEATHS:	Males	...	...	...	451	471
	Females	...	...	...	396	416
				Total	847	887
	Death-rate per 1,000 population				10.98	11.7
INFANT DEATHS:	Males	...	...	...	29	42
	Females	...	...	...	13	27
				Total	42	69
	Infantile Mortality:					
	Legitimate	...	...	...	29.3	43.3
	Illegitimate	...	...	...	18.5	31.8
				Total	28.9	42.9
	Deaths of Infants under 4 weeks				27	43
	Neo-natal Mortality	...	...		18.6	26.7

					1948		1947
				No.	Rate per 1,000 population	No.	Rate per 1,000 population
DEATHS FROM:							
Enteric Fever	...	...	...	—	—	—	—
Measles	...	...	...	1	0.01	—	—
Whooping Cough	...	...	...	—	—	1	0.01
Diarrhoea and Enteritis							
	(under 2 years)			1	0.01	8	0.10
Diphtheria	...	...	...	—	—	—	—
Scarlet Fever	...	...	...	—	—	—	—
Influenza	...	...	...	2	0.02	3	0.03
Cancer	...	...	...	157	2.03	133	1.75
Respiratory Diseases	...	...	...	102	1.32	101	1.33
Pulmonary Tuberculosis	...	...	...	48	0.62	51	0.67
Other Forms of Tuberculosis	...	...	...	—	—	10	0.13
Cerebro-Spinal Fever	...	...	...	—	—	1	0.01
Acute Poliomyelitis	...	...	...	2	0.02	2	0.02
Acute Infective Encephalitis	...	...	...	1	0.01	2	0.02
Road Traffic Accidents	...	...	...	6	0.07	9	0.11
Suicide	...	...	...	8	0.10	7	0.09
Other violent causes	...	...	...	9	0.11	17	0.22



# BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1948.

	Smethwick.	England and Wales.	126 County Boro's and Great Towns including London.	148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)	London Administra- tive County.
Rates per 1,000 Civilian Population :—					
<b>BIRTHS :</b>					
Live Births ...	18.8	17.9 (a)	20.0	19.2	20.1
Still Births ...	0.389	0.42 (a)	0.52	0.43	0.39
<b>DEATHS :</b>					
All Causes ...	10.98	10.8 (a)	11.6	10.7	11.6
Typhoid and Paratyphoid	—	3.00	0.00	0.00	3.00
Whooping Cough..	—	0.02	0.02	0.02	0.01
Diphtheria ...	—	0.06	0.00	0.00	0.01
Tuberculosis ...	0.62	0.51	0.59	0.46	0.63
Influenza ...	0.02	0.03	0.03	0.04	0.02
Smallpox ...	—	—	—	—	—
Acute Poliomye- litis and	0.02	—	—	—	—
Polioencephalitis	—	0.01	0.01	0.01	0.00
Pneumonia ...	0.57	0.41	0.38	0.36	0.54
<b>NOTIFICATIONS</b> (Corrected) :					
Typhoid Fever ...	—	0.01	0.00	0.01	0.00
Paratyphoid Fever	0.11	0.01	0.01	0.01	0.01
Cerebro-spinal Fever	0.02	0.03	0.03	0.02	0.03
Scarlet Fever ...	1.54	1.73	1.90	1.82	1.37
Whooping Cough..	5.65	3.42	3.51	3.31	3.13
Diphtheria ...	0.05	0.08	0.10	0.09	0.10
Erysipelas ...	0.23	0.21	0.23	0.21	0.22
Smallpox ...	—	—	—	—	—
Measles ...	11.32	9.34	9.75	8.84	9.17
Pneumonia ...	1.08	0.73	0.84	0.60	0.57
Acute Poliomye- litis ...	0.02	0.04	0.05	0.04	0.04
Acute Polioence- phalitis ...	—	0.00	0.00	0.00	0.00
Rates per 1,000 Live Births :—					
<b>DEATHS :</b>					
All causes under 1 year of age ...	26.9	34 (b)	39	32	31
Enteritis and Diarrhoea under 2 years of age...	0.69	3.3	4.5	2.1	2.4
Rates per 1,000 Total Births (Live and Still) :—					
<b>NOTIFICATIONS</b> (Corrected) :					
Puerperal Fever and Pyrexia ...	4.05	6.89	8.90	4.71	7.34 (c)

## MATERNAL MORTALITY

	Rates per 1,000. Total (Live and Still) Births		Rates per million women aged 15-44	
	Smethwick	England & Wales	England & Wales	
140 Abortion with Sepsia ...	—	0.11	9	
141 Abortion with- out Sepsis ...	—	0.05	4	
147 Puerperal In- fections ...	—	0.13		
142-146, 148-160 other Maternal Causes...	0.67	0.73		

(a) Rates per 1,000 total population.

(b) Per 1,000 related births.

(c) In London Puerperal Fever alone was 0.61.

# REVIEW OF VITAL STATISTICS IN SMETHWICK DURING THE PAST 25 YEARS.

Death rates per 1,000

Year	Birth rate per 1,000	Death rate per 1,000	Infant mor- tality rate per 1,000 births	Zymotic death rate	Respiratory diseases	Pulmonary Tuberculosis	Non- Pulmonary Tuberculosis	Cancer
1924 .....	20.19	10.12	74.79	0.41	1.87	0.67	0.17	1.20
1925 .....	18.36	10.36	80.11	0.52	1.91	0.77	0.24	1.10
1926 .....	18.35	10.39	65.86	0.37	1.88	0.79	0.10	1.26
1927 .....	17.0	11.9	78.6	0.61	2.26	0.84	0.05	1.19
1928 .....	17.1	10.0	63	0.28	1.52	0.69	0.10	1.11
1929 .....	17.8	13.4	79.8	0.70	2.58	0.95	0.12	1.23
1930 .....	18.0	10.4	66.4	0.41	1.17	0.67	0.11	1.28
1931 .....	18.0	11.2	69.6	0.57	1.63	0.62	0.10	1.24
1932 .....	15.2	10.5	78.4	0.23	1.36	0.52	0.09	1.53
1933 .....	14.4	10.8	62.0	0.16	1.60	0.62	0.05	1.44
1934 .....	15.7	10.6	56.9	0.22	1.60	0.57	0.14	1.20
1935 .....	14.7	11.1	60.9	0.31	1.10	0.59	0.06	1.56
1936 .....	15.5	10.5	59.9	0.18	1.60	0.54	0.02	1.47
1937 .....	14.6	11.5	52.5	0.27	1.64	0.70	0.02	1.35
1938 .....	15.3	11.0	62.2	0.25	1.28	0.70	0.10	1.59
1939 .....	14.8	10.7	54.5	0.26	1.04	0.52	0.05	1.79
1940 .....	15.3	14.0	41.9	0.14	2.72	0.61	0.07	1.86
1941 .....	15.09	13.9	60.0	0.18	2.10	0.84	0.06	1.89
1942 .....	17.2	12.0	54.5	0.16	1.81	0.70	0.08	1.92
1943 .....	18.6	13.08	64.5	0.24	2.03	0.84	0.05	2.15
1944 .....	20.6	12.2	45.0	0.26	1.14	0.80	0.07	2.05
1945 .....	18.6	12.8	50.4	0.08	1.53	0.79	0.08	1.99
1946 .....	20.09	12.28	50.1	0.18	1.62	0.73	0.05	1.94
1947 .....	21.2	11.7	42.9	0.11	1.33	0.67	0.13	1.75
1948 .....	18.8	10.98	28.9	0.02	1.32	0.62	—	2.03

## INCIDENCE OF INFECTIOUS DISEASE.

### SCARLET FEVER.

The incidence of, and mortality from, scarlet fever during the past five years is as follows:—

Year	Cases Notified	Attack rate per 1,000 population	Number of deaths	Case mortality per cent
1944 .....	132	1.83	—	—
1945 .....	100	1.39	—	—
1946 .....	148	1.98	—	—
1947 .....	89	1.17	—	—
1948 .....	119	1.54	—	—

### DIPHTHERIA.

The incidence of, and mortality from, diphtheria during the past five years is as follows:—

Year	Cases Notified	Attack rate per 1,000 population	Number of deaths	Case mortality per cent.
1944 .....	44	0.61	3	6.8
1945 .....	42	0.58	5	11.9
1946 .....	33	0.44	2	6.06
1947 .....	13	0.17	—	—
1948 .....	4	0.05	—	—

The number of children immunised during the past three years is as follows:—

	1946	1947	1948
Under five years of age .....	1,090	895	1,132
From five to fifteen years .....	813	1,013	808
Totals .....	1,903	1,908	1,940

At the 31st December, 1948, it was estimated that 3,648 of the child population under five, and 10,200 children from five to fifteen were protected against diphtheria.

### TYPHOID AND PARATYPHOID FEVER.

Nine cases of paratyphoid fever were notified during the year; there were no deaths.

### CEREBRO-SPINAL FEVER.

Two cases of cerebro-spinal fever were notified and both cases recovered. During 1947 three cases were notified and there was one death.

### WHOOPIING COUGH AND MEASLES.

Whooping cough was again prevalent during the year and showed an attack-rate of 5.65 per 1,000 of the population, compared with 3.42 per 1,000 in the whole country. There was no death from the disease in Smethwick. The notifications of measles showed a further increase during 1948, with an attack-rate of 11.32 per 1,000, compared with 9.34 per 1,000 for England and Wales. There was one death.

	Cases Notified			Attack-rate		
	1948	1947	1946	1948	1947	1946
Whooping Cough .....	436	263	422	5.65	3.47	5.66
Measles .....	873	768	139	11.32	10.15	1.86

	Number of Cases in Hospital on December 31st, 1947.				Number of Cases Admitted during period.				Cases Discharged, or Transferred to other Institutions during period.				Number of Cases Died during period.				Number of Cases in Hospital on July 4th, 1948.			
	Males	Females	Children under 16	Total	Males	Females	Children under 16	Total	Males	Females	Children under 16	Total	Males	Females	Children under 16	Total	Males	Females	Children under 16	Total
SMETHWICK CASES :																				
Whooping Cough	...	...	1	1	...	...	3	3	...	...	4	4	...	...	...	...	...	...	...	...
Diphtheria	...	...	2	2	...	1	2	3	...	1	2	3	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	15	15	...	...	16	16	...	...	...	...	...	...	1	...
Measles	...	...	...	...	...	2	5	7	...	2	4	6	...	...	...	...	...	...	1	...
Encephalitis	...	...	...	...	...	...	2	2	...	...	2	2	...	...	...	...	...	...	1	...
Food Poisoning	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...	...	...	...	...
Tonsillitis	...	...	...	...	...	2	...	2	...	2	...	2	...	...	...	...	...	...	...	...
Adenitis	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Mumps	...	...	...	...	...	...	5	5	...	...	5	...	...	...	...	...	...	...	1	...
Whooping Cough and Chicken Pox	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...	...	...	...	...
Whooping Cough and Pneumonia	...	...	...	...	...	...	2	2	...	...	2	2	...	...	...	...	...	...	...	...
Whooping Cough and T.B. Meningitis	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Rubella	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...
Measles and Chicken Pox	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Chicken Pox	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...	...	...	...	...
Otorrhoea	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...	...	...	...	...
Anterior Poliomyelitis	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Vaso Vagil	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Measles and Pneumonia	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...	...	...	...	...
Whooping Cough and T.B. Adenitis	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Non-Infectious	...	...	...	...	...	2	7	10	...	...	...	...	...	...	...	...	...	...	1	1
Tuberculosis	11	9	1	21	28	20	2	50	30	28	1	41	4	3	...	7	12	9	2	23
Totals	11	9	4	24	30	28	53	111	25	25	48	98	4	3	2	9	12	9	7	28

## VACCINATION.

The Council's scheme proposed in accordance with Section 26 of the National Health Service Act, 1946, provides for the performance of vaccination by general practitioners taking part in the Authority's scheme, as well as for special sessions for infant vaccination to be held at Child Welfare Clinics or other centres if found to be necessary.

For some little time after the "appointed day" the demand for vaccination was very small, but there are now signs of the numbers increasing again. The position is very unsatisfactory however, and steps are being taken to ensure that the advisability of infant vaccination is brought to the notice of the parents of newly-born children.

The following is a record of the vaccinations carried out between the 5th July and 31st December, 1948.

Children under one year of age	...	...	...	192
Children aged 1—5 years	...	...	...	8
Children aged 5—15 years	...	...	...	3
Persons over 15 years of age	...	...	...	40
				<hr/> 243 <hr/>



## TUBERCULOSIS.

### NOTIFICATIONS.

The following table shows the notifications received and the attack rate with the deaths and death-rate for each year since the commencement of the Public Health (Tuberculosis) Regulations, 1912:—

		Notifications received :		Attack Rate per 1,000 of the population :		Deaths		Death rate	
		Pulmon-ary	Other forms	Pulmon-ary	Other forms	Pulmon-ary	Other forms	Pulmon-ary	Other forms
1913	.....	318	50	4.3	0.68	64	20	0.87	0.27
1914	.....	143	167	1.9	2.2	84	14	1.15	0.19
1915	.....	229	103	3.1	1.4	79	15	1.09	0.21
1916	.....	204	117	2.6	1.4	91	12	1.16	0.15
1917	.....	206	126	2.6	1.6	103	6	1.31	0.07
1918	.....	194	80	2.5	1.0	97	11	1.27	0.14
1919	.....	260	60	3.5	0.8	87	9	1.19	0.12
1920	.....	146	31	1.9	0.4	62	24	0.81	0.31
1921	.....	88	14	1.1	0.18	53	17	0.68	0.22
1922	.....	112	17	1.4	0.2	61	25	0.78	0.32
1923	.....	80	18	1.02	0.2	73	14	0.93	0.17
1924	.....	110	18	1.39	0.2	53	14	0.67	0.17
1925	.....	74	24	0.9	0.3	61	19	0.77	0.24
1926	.....	94	16	1.2	0.2	61	8	0.79	0.10
1927	.....	87	38	1.1	0.49	65	4	0.84	0.05
1928	.....	73	25	0.8	0.29	59	9	0.69	0.10
1929	.....	108	34	1.2	0.4	81	11	0.95	0.12
1930	.....	76	19	0.89	0.22	57	10	0.67	0.11
1931	.....	80	29	0.93	0.33	53	9	0.62	0.10
1932	.....	65	20	0.76	0.23	44	8	0.52	0.09
1933	.....	55	16	0.64	0.19	53	5	0.62	0.05
1934	.....	72	19	0.85	0.22	48	12	0.57	0.14
1935	.....	95	19	1.15	0.23	49	5	0.59	0.06
1936	.....	81	21	0.99	0.25	44	2	0.54	0.02
1937	.....	77	4	0.95	0.04	57	2	0.70	0.02
1938	.....	78	20	0.97	0.25	56	8	0.70	0.10
1939	.....	89	15	1.11	0.19	40	4	0.52	0.05
1940	.....	52	15	0.72	0.20	44	5	0.61	0.07
1941	.....	83	10	1.15	0.14	61	5	0.84	0.06
1942	.....	102	28	1.40	0.38	51	6	0.70	0.08
1943	.....	92	20	1.27	0.27	61	4	0.84	0.05
1944	.....	126	17	1.74	0.23	58	5	0.80	0.07
1945	.....	151	26	2.1	0.37	57	6	0.79	0.08
1946	.....	149	16	2.00	0.21	55	4	0.73	0.05
1947	.....	165	12	2.18	0.15	51	10	0.67	0.13
1948	.....	216	14	2.80	0.18	48	—	0.62	—

# TUBERCULOSIS.

The following table shows the total NEW CASES, i.e., all PRIMARY NOTIFICATIONS and also NEW CASES coming to the knowledge of the Medical Officer of Health from the death returns, transfers from other areas, etc.

AGE PERIODS.	1948				1947				1938			
	Pulmonary.		Other forms.		Pulmonary.		Other forms.		Pulmonary.		Other forms.	
	M	F	M	F	M	F	M	F	M	F	M	F
0 to 1	1	1	1	—	—	—	—	—	1	—	—	—
1 to 5	4	14	1	2	5	7	2	2	—	—	—	—
5 to 10	31	23	1	2	16	12	3	—	—	4	—	—
10 to 15	11	10	—	2	6	3	1	—	—	1	3	—
15 to 20	4	10	—	1	7	7	3	—	6	4	2	2
20 to 25	3	7	2	—	5	13	—	—	5	6	2	1
25 to 35	27	16	3	1	16	10	1	—	12	12	—	2
35 to 45	17	9	—	—	16	10	—	—	7	4	2	2
45 to 55	25	2	—	—	17	4	—	—	8	3	—	1
55 to 65	11	2	—	—	13	2	1	1	7	5	1	1
65 to 75	12	2	—	—	11	2	—	—	1	—	—	1
75 upwards	—	1	—	—	—	—	—	—	—	—	—	—
TOTALS	146	97	8	8	112	70	11	3	47	39	10	10

The discrepancy between the number of new cases and the number of notifications received

The deaths from tuberculosis during 1947 and 1948 are shown as follows:—

AGE PERIODS.	1947				1948			
	Pulmonary		Other forms		Pulmonary		Other forms	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	—	—	—	—	—	—	—	—
1 to 5	—	—	1	1	—	1	—	—
5 to 15	1	—	3	1	—	—	—	—
15 to 45	14	10	3	—	14	10	—	—
45 to 65	18	4	—	1	10	4	—	—
65 upwards	3	1	—	—	6	3	—	—
TOTALS ...	36	15	7	3	30	18	—	—

The number of cases remaining on the Dispensary Register on 31st December, 1948, was 910, viz.:—

Pulmonary—Males .....	330	Non-Pulmonary—Males .....	30
Females ....	236	Females ...	41
Children ...	167	Children ...	106
	<u>733</u>		<u>177</u>

Attendances at the Chest Clinic were as under:—

	1948	1947
First examinations ... ..	970	984
Re-examinations ... ..	3,101	1,639
Consultations ... ..	2,324	2,012
Mantoux Tests ... ..	239	193
Artificial-pneumothorax ... ..	1,295	1,264
Gold Treatment ... ..	52	85
Artificial light treatment ... ..	110	56
Total attendances ... ..	<u>8,091</u>	<u>6,233</u>

Number of X-Ray examinations ... ..	2,468	1,978
Visits to patients at Home:—		
(a) By Health Visitor ... ..	650	818
(b) By Clinical T.O. ... ..	208	191
Patients admitted to Sanatoria ... ..	125	152
Patients discharged from Sanatoria ... ..	120	134
Patients died in Sanatoria ... ..	20	11
Patients remaining in Sanatoria at end of year ... ..	45	60

TABLES SHEWING ADMISSIONS to, and DISCHARGES from, SANATORIA during the Year 1948.

NAME OF INSTITUTION	Number of Cases in Sanatorium on January 1st, 1948.				Number of Cases admitted during 1948.				Cases discharged or transferred to the Chest Clinic.				Number of Deaths				Number of Cases in Sanatorium on December 31st, 1948.			
	Males	Females	Children	Total	Males	Females	Children	Total	Males	Females	Children	Total	Males	Females	Children	Total	Males	Females	Children	Total
Holly Lane Hospital ...	13	8	1	22	47	25	2	74	46	25	2	73	6	5	...	...	8	3	1	12
Romsley Hill Sanatorium ...	5	2	...	7	19	12	...	31	11	12	...	23	8	1	...	...	5	1	...	6
Crossley Sanatorium, Cheshire ...	5	5	...	10	2	4	1	7	1	4	1	6	...	...	...	...	6	5	...	11
Creaton Sanatorium, N'thampton	4	6	...	10	6	3	...	9	7	3	...	10	...	...	...	...	3	6	...	9
Royal Nat. Sanatorium, Ventnor..	2	...	...	2	1	...	...	1	2	...	...	2	...	...	...	...	1	...	...	1
The Woodlands, Northfield	1	1	3	5	1	1	...	2	2	1	1	4	...	...	...	...	...	1	2	3
The Forelands, Bromsgrove	...	...	3	3	...	...	1	1	...	...	1	1	...	...	...	...	...	...	3	3
Robert Jones and Agnes Hunt Hospital, Oswestry ..	1	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...
Totals	31	22	7	60	76	45	4	125	70	45	5	120	14	6	...	...	23	16	6	45

Classification on admission to the Institution	Condition at time of discharge.	* Under 3 months.			3—6 months.			6—12 months.			More than 12 months.			Totals.			Grand Totals.
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.																	
Class T.B. minus.	Quiescent ...	1	...	...	1	1	...	...	...	...	...	2	1	...	...	3	
	Not quiescent ...	5	2	1	5	5	...	...	1	...	...	11	8	1	...	20	
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Class T.B. Group 1.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Not quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Class T.B. Group 2.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Not quiescent ...	...	4	...	2	1	...	...	3	...	...	3	8	...	...	11	
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Class T.B. Group 3. plus.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Not quiescent ...	...	12	9	26	13	2	...	...	...	...	52	28	2	...	82	
	Died in Institution	...	3	1	6	2	...	...	5	...	...	11	5	...	...	16	
Totals (Pulmonary)		...	21	16	1	40	23	2	13	11	...	79	51	3	...	133	
NON-PULMONARY TUBERCULOSIS																	
Bones and Joints.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Not quiescent ...	...	...	...	...	1	1	...	...	...	...	1	1	...	...	3	
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Abdominal	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Not quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Other Organs.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Not quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Peripheral Glands	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Not quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Totals (Non-Pulmonary)		...	...	...	1	1	2	...	...	...	...	1	1	2	...	4	

\*NOTE.—Patients whose stay in Residential Institutions has not exceeded 28 days are not included in this table.



# RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1948.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. (1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the Year ... ..	307	233	42	44	30	49	54	47	337	282	96	91	806
(2) Transfers from Authorities of areas outside that of the Council or Board during the Year ... ..	5	6	...	...	1	...	...	...	6	6	...	...	12
(3) Lost sight of cases returned during the Year ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
B. Number of New Cases diagnosed as tuberculous during the Year	41	18	47	40	...	...	...	...	41	18	47	40	146
(1) Class T.B. minus ... ..	39	20	...	1	...	...	...	...	39	20	...	1	60
(2) Class T.B. plus ... ..	...	...	...	...	4	4	4	7	4	4	4	7	19
(3) Non-pulmonary ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
C. Number of cases included in A. and B. written off the Dispensary Register during the Year as :—	13	12	1	...	3	10	...	1	16	22	1	1	40
(1) Recovered ... ..	38	18	...	...	1	...	5	2	39	18	...	2	59
(2) Dead (all causes) ... ..	11	11	4	2	1	2	1	2	12	13	5	4	34
(3) Removed to other Areas ... ..	...	...	...	..	...	...	...	...	...	...	...	...	...
(4) For other reasons ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the Year ... ..	330	236	84	83	30	41	57	49	360	277	141	132	910

Dr. Russell has furnished the following report on the work of the Chest Clinic during 1948:—

During 1948 the work of the Chest Clinic again increased by a considerable amount. At the end of the year the number of cases on the Register was 910 as against 806 at the end of 1947, an increase of nearly 13%. The number of persons examined was 4,071 as against 2,623, an increase of 55%, and the number of chest X-ray films taken was 2,468 compared with 1,978 in 1947, an increase of 25%. This represents approximately four times the volume of work carried out by the Chest Clinic in pre-war times and I would like to pay tribute to the nurse and clerk-radiographer whose unselfish devotion to duty has made it possible to cope with all the extra work. In 1948 the Chest Clinic had a staff of three, the same as in 1939.

Several factors are probably concerned in causing the increase in examinations and finding of new cases.

1. War-time conditions of mental and physical strain, restricted and monotonous food, overcrowded houses all persist into the post-war austerity period.
2. Local doctors are very much alive to the value of sending suspect cases as early as possible and appreciate the services available at the Chest Clinic.
3. The people of Smethwick co-operate extremely well in coming for examination as family contacts.

While early diagnosis is very important, the crucial factor in limiting the spread of the disease is adequate housing and although during the year many tuberculous families have been found better living accommodation, there are still very many more living in overcrowded homes. During the year a Survey was made of the tuberculous families, where there was a sputum positive patient in the house, and in only three was it found that the children were not already infected. A Survey was also made of new cases seen during 1948 with the idea of ascertaining how they were discovered and the stage of the disease. As nearly all the children are found by contact examination, only cases of 16 years and over were included in the survey, the results of which are summarised in the following table:—

	T.B. Minus.	Plus 1.	Plus 2.	Plus 3.	Total
Sent by doctor ... ..	55	—	11	47	113
Referred from Services ...	2	—	1	1	4
Seen as contacts ... ..	2	—	1	—	3

This shows that the local doctors utilised the diagnostic facilities provided at the Chest Clinic extremely well and that approximately 49% of the cases were seen at a reasonably early stage of the disease.

The year 1948 saw the inauguration of the National Health Service and for the latter six months of the year the Chest Clinic and its Staff were under the Birmingham Regional Hospital Board. There has been no change in the Staff or Service at the Clinic and probably patients have been unaware of any change. One unfortunate result has followed the change however, as the number of sanatorium beds available for the treatment of Smethwick patients has been reduced from 67 in 1947 to 43 at the end of 1948.

For the first time for several years there is again a short waiting period for treatment. The main difficulty is surgical treatment of pulmonary tuberculosis, but it is to be hoped that as Regional Schemes are developed this form of treatment will be more readily available. Another effect of the change was that the Treatment Allowance Scheme was taken over by the National Assistance Board. Smethwick Health Committee and After Care Committee are still responsible for the home welfare of patients, and the free milk scheme has been even more fully

utilised in helping to keep up the resistance of children in tuberculous families. The vast majority of recipients of free milk are children who have been found to show very early signs of infection, but who, with care, should overcome it.

The year was a busy one at the Chest Clinic and the work could not have been carried through without the unstinted efforts of Miss Underhill, clerk-radiographer, and Nurse Sharpe, both of whom I would like to thank sincerely for their devoted co-operation.

A. WILSON RUSSELL, M.D., D.P.H.

### TUBERCULOSIS ALLOWANCES.

On 1st January, 1948, there were 51 cases on the register. During the period to 4th July there were 20 removals and 19 additions, leaving 50 cases to be transferred to the National Assistance Board on the appointed day.

The total amount of the allowance paid by the Department during this period was £1,946 14s. 9d.

### VENEREAL DISEASES.

By arrangement, treatment is available for Smethwick patients at the General Hospital, Birmingham, and the figures below are taken from the report received from the Medical Director of the V.D. Department:—

A.—Number of Smethwick patients dealt with at, or in connection with, the Out-Patients Clinic for the first time and found to be suffering from:—

	1944	1945	1946	1947	1948
Syphilis ... ..	29	21	33	19	21
Soft Chancre ... ..	—	—	—	—	—
Gonorrhoea ... ..	9	30	42	26	38
Conditions other than Venereal ...	96	80	140	107	106
	<u>134</u>	<u>131</u>	<u>215</u>	<u>152</u>	<u>165</u>

B.—Total number of attendances at the Out-Patient Clinic of all persons residing in Smethwick ... .. 2,383 2,536 3,061 2,424 2,178

## ST. CHAD'S HOSPITAL.

STATISTICS RELATING TO THE PERIOD 1/1/48 to 4/7/48.

### (A) IN-PATIENTS.

1.	Total number of admissions (including infants born in hospital) ... ..	1,676
2.	Number of women confined in hospital ... ..	330
3.	Number of live births ... ..	321
4.	Number of still-births ... ..	11
5.	Number of deaths among the newly-born (i.e., under four weeks of age) ... ..	6
6.	Total number of deaths among children under one year (including those given under 5) ... ..	6
7.	Number of maternal deaths among women admitted to hospital for confinement ... ..	—
8.	Total number of deaths ... ..	84
9.	Total number of discharges (including infants born in hospital) ... ..	1,577
10.	Duration of stay of patients included in 8 and 9 above. Number of cases whose total stay was for the following periods:—	
	(a) Under four weeks ... ..	1,485
	(b) Four weeks and under thirteen weeks ... ..	165
	(c) Thirteen weeks or more ... ..	11
11.	Number of beds occupied (excluding cots in maternity wards): average during the year ... ..	111·5
12.	Number of surgical operations under general anaesthetic (excluding dental operations) ... ..	509

### (B) OUT-PATIENTS.

There was no out-patients' department in connection with St. Chad's Hospital.

# ST. CHAD'S HOSPITAL

CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN THE INSTITUTION DURING THE YEAR JANUARY 1st to JULY 4th, 1948.

Disease Groups.						Children under 16 years of age		Men and Women	
						Dis- charged	Died	Dis- charged	Died
A.	Acute Infectious Disease	...	...	...	6	1	9	—	
B.	Influenza	...	...	...	—	—	—	—	
C.	Tuberculosis:—								
	Pulmonary	...	...	...	4	—	10	1	
	Non-pulmonary	...	...	...	2	—	1	—	
D.	Malignant Disease	...	...	...	—	—	20	10	
E.	Rheumatism:—								
	(1) Acute Rheumatism (Rheu- matic Fever) together with sub- acute rheumatism and chorea	...	...	...	3	—	7	—	
	(2) Non-articular manifestations of so-called "rheumatism" (mus- cular rheumatism, fibrositis, lumbago and sciatica)	...	...	...	2	—	6	—	
	(3) Chronic arthritis	...	...	...	—	—	3	—	
F.	Venereal Disease	..	...	...	—	—	—	—	
G.	Puerperal Pyrexia:—								
	(a) Women confined in Hospital	...	...	...	—	—	—	—	
	(b) Other cases	...	..	...	—	—	—	—	
H.	Other diseases and Accidents connected with pregnancy and childbirth					—	—	55	—
I.	Mental Diseases:—								
	(a) Senile Dementia	...	...	...	—	—	1	—	
	(b) Other	...	...	...	—	—	—	1	
J.	Senile Decay	...	...	...	—	—	2	1	
K.	Accidental Injury and Violence	...	...	...	4	—	18	2	
	In respect of cases not included above:—								
L.	Diseases of the Nervous System and Sense Organs					21	—	18	7
M.	Diseases of the Respiratory System					18	2	51	10
N.	Diseases of the Circulatory System					1	—	48	11
O.	Diseases of the Digestive System					282	2	167	11
P.	Diseases of the Genito-Urinary System					6	—	90	8
Q.	Diseases of the Skin					6	—	16	—
R.	Other Diseases					10	10	33	9
S.	Mothers and Infants discharged and not included in above figures:								
	Mothers	...	...	...	—	—	330	—	
	Infants	...	...	...	321	—	—	—	
T.	Any persons not falling under any of the above headings					1	—	5	1
						687	15	890	69
						1,661			



# INFANT MORTALITY DURING THE YEAR 1948.

CAUSE OF DEATH	0-1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 m'th	1-2 m'ths	2-3 m'ths	3-4 m'ths	4-5 m'ths	5-6 m'ths	6-7 m'ths	7-8 m'ths	8-9 m'ths	9-10 m'ths	10-11 m'ths	11-12 m'ths	Total under 1 year
Bronchitis ...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	3
Broncho-pneumonia ...	1	1	1	1	4	...	...	...	1	1	...	...	...	...	...	...	5
Lobar Pneumonia ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Diarrhoea and Enteritis ...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	1
Intussusception ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2
Myelitis ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Spina Bifida ...	2	1	...	...	3	1	...	...	...	...	...	...	...	...	...	...	4
Congenital Malformation of Heart ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Cleft Palate ...	2	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	3
Imperforate Anus ...	1	1	...	...	2	1	...	...	1	...	...	...	...	...	...	...	3
Congenital Hernia ...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
Congenital Debility ...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Premature Birth ...	8	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	8
Injury at Birth ...	3	1	...	...	4	...	...	...	...	...	...	...	...	...	...	...	4
Asphyxia ...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2
Icterus Gravis ...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Inattention at Birth ...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
TOTALS:—	19	5	1	2	27	3	4	1	4	3	...	...	...	...	...	...	42

## MOTHERS AND CHILDREN.

### NOTIFICATION OF BIRTHS.

The number of births notified during the past five years under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, was as follows:—

	1944	1945	1946	1947	1948
Live Births ... ..	1,501	1,293	1,489	1,605	1,465
Still Births ... ..	43	38	25	43	31
Totals	1,544	1,331	1,514	1,648	1,496

Comparison with the returns of the local Registrar shows that very few births escape notification.

### ANTE-NATAL CLINICS.

Since the establishment of the first Ante-Natal Clinic in 1920, the total attendances have been as follows:—

1920 .....	42	1935 ....	5,169
1921 .....	107	1936 .....	5,044
1922 .....	127	1937 .....	5,201
1923 .....	241	1938 .....	6,226
1924 .....	275	1939 .....	6,739
1925 .....	537	1940 .....	6,336
1926 .....	1,015	1941 .....	7,221
1927 .....	1,079	1942 .....	8,526
1928 .....	1,465	1943 .....	8,988
1929 .....	2,253	1944 .....	10,093
1930 .....	3,760	1945 .....	7,452
1931 .....	3,859	1946 .....	9,755
1932 .....	3,509	1947 .....	10,766
1933 .....	3,771	1948 .....	11,599
1934 .....	4,312		

During the year 1948, 1,506 individual women attended the clinic, compared with 1,667 in 1947, 1,793 in 1946, and 1,455 in 1945.

### POST-NATAL CLINIC.

Statistics for the past five years show:—

	1944	1945	1946	1947	1948
Individual patients attending	500	474	465	580	592
Percentage of notified births	32	35	30.7	35.2	39.5
Total attendances ... ..	1,345	1,255	1,498	1,078	1,416

### MIDWIFERY AND MATERNITY SERVICES.

The Council employs nine municipal midwives, and these undertake all the domiciliary cases in the area. During the year they attended 632 cases, in 507 cases as midwives and in 125 cases as maternity nurses. Statistics for the past five years are as under:—

	1944	1945	1946	1947	1948
Number of bookings ... ..	796	602	740	751	677
Ante-natal visits ... ..	3,426	3,596	4,068	3,379	4,089
Cases attended ... ..	716	588	654	734	632
Nursing visits ... ..	14,437	12,959	14,351	15,782	14,990

The number of cases in which medical aid was summoned during 1944 was 240; in 1945, 155; in 1946, 184; in 1947, 184; and in 1948, 163.

Four midwives are qualified to administer gas and air analgesia; two sets of apparatus are available, and were used in 38 cases during the year. Arrangements are being made for training the remaining five midwives\* and for increasing the apparatus available.

Pupil midwives taking Part II training at St. Chad's Hospital are received on the district by five midwife-teachers on the staff of the Department for periods of three months domiciliary training. Sixteen such pupils were received during the year.

\* All midwives have now been trained in this work.

## DENTAL TREATMENT.

Mr. Littlefield has furnished the following report on the treatment of expectant and nursing mothers and young children during the year.

" I have pleasure in submitting the Annual Report for the year ended 31st December, 1948, on the dental service provided by the Authority under Section 22 of the National Health Service Act. Up to 5th July only the necessary extractions and conservative work was undertaken for expectant and nursing mothers, dentures being supplied by private practitioners. Patients were referred by medical officers where dental treatment was considered necessary. It was found that only a few of those referred actually attended for dental examination, so that in November, a scheme was introduced whereby every patient presenting herself for the first time at the Clinic was seen by a Dental Officer as part of her routine examination. The result was that 82 patients were examined in November and 45 in December as against an average of 15 for the first ten months of the year. Treatment resulting from these inspections increased the number of sessions devoted to this work from an average of 7 for the first ten months of the year to 14 in November and 13 in December. Necessary dentures are now supplied by the Authority, their construction being undertaken by a dental technician to the profession.

" Pre-school children attending the Welfare Clinics are referred for dental examination and/or treatment as and when required. Routine examination is carried out at the Nursery School and in all nursery classes. This procedure will be extended to the Day Nurseries next year.

" To meet the increased demands on the dental service as a result of the operation of the National Health Service Act, Mr. M. A. Bassett, L.D.S., R.C.S., was appointed to the staff, and took up his duties on 1st June. On the 5th July, the Smethwick branch of the Birmingham General Dispensary was taken over by the Authority, and its modern, fully equipped dental surgery was brought into use for this work.

" During the year 281 maternal welfare patients were examined and 235 were recommended for treatment. The actual number of treatments was 301 given during 583 attendances and 153 individual patients were treated during the year. A number of those recommended for treatment in December would not receive appointments before the end of the year, but allowing for this comparatively small number, only about 65% took advantage of the treatment offered.

" Pre-school children examined numbered 150, of which 137 were referred for treatment and 251 attendances were made at the Clinics. Treatment was mostly extraction under general anaesthesia.

" In conclusion, I should like to thank the Medical, Nursing and Clerical staff of the M. and C.W. service for their valuable help and co-operation during the year.

GEO. J. S. LITTLEFIELD.

Senior Dental Officer."

## INFANT WELFARE CENTRES.

The number of centres provided and maintained by the Council is seven, with ten sessions weekly; the total attendance during the past five years was:—

			Under 1 year	1-5 years	Total		
1944	...	...	20,765	6,584	27,349		
1945	...	...	20,903	5,729	26,632		
1946	...	...	20,804	5,097	25,901		
1947	...	...	22,279	3,606	25,885		
1948	...	...	21,755	3,326	25,081		
						1947	1948
Number of children attending for the first time			Under 1 year	...	1,328	1,328	1,199
			1-5 years	...	90	90	111
						Total	
						1,418	1,310
Number of children on the registers at end of year			Under 1 year	...	1,210	1,210	1,083
			1-5 years	...	1,807	1,807	1,970
						Total	
						3,017	3,053

The number of children under one year who attended for the first time equalled 87.5 per cent. in 1944, 83.2 per cent. in 1945, 83.3 per cent. in 1946, 82.7 per cent. in 1947, and 81.8 per cent. in 1948.

## CARE OF PREMATURE INFANTS.

During the year 1948 notification was received of 102 babies who weighed 5½ lbs. or less at birth. Of these, 34 were born at home, and 68 in hospital. Twenty-five of those born at home survived at the end of one month; one died during the first 24 hours. Of the babies born in hospital, 65 survived at the end of one month; one died during the first 24 hours.

Special provision is made for the conveyance of premature infants to hospital by the Borough Ambulance Service.

The follow-up of infants discharged from hospital is secured through the Obstetrics Officer in St. Chad's Hospital, who is also Medical Supervisor of Midwives, and who, as a member of the Public Health Department Staff, is also in close touch with the Health Visitors whom he instructs.

## CARE OF ILLEGITIMATE INFANTS.

The Council has an arrangement with the Smethwick Branch of the Birmingham Diocesan Council for Moral Welfare, and makes a financial grant. The local authority and the Diocesan Council work very closely together, and the scheme provides for complete liaison. Sixteen cases were dealt with during the year.

## OPHTHALMIA NEONATORUM.

				1945	1946	1947	1948
Number of cases notified	...	...	...	8	16	9	10
Cases treated by health visitors	...	...	...	—	1	1	—
Number of cases treated at Eye Hospital	...	...	...	3	16	9	9
Cases resulting in impaired vision	...	...	...	—	—	—	—
Home visits	...	...	...	13	29	19	29

Notifications during the past ten years:—

1939	5	1944	9
1940	6	1945	8
1941	14	1946	16
1942	8	1947	9
1943	8	1948	10



## HEALTH VISITING.

The establishment comprises a Superintendent and nineteen health visitors, who are also school nurses, but staff shortage has continued during the year and only thirteen have been employed, devoting to health visiting (all classes) the equivalent of the whole-time services of eight health visitors.

The number of visits paid during the year was:—

(i) To Expectant Mothers	...	...	First visits	...	452
			Total visits	...	681
(ii) To Children under one year of age...			First visits	...	1,372
			Total visits	...	4,567
(iii) To Children between one and five years of age	...	...	First visits	...	1,476
			Total visits	...	8,752
(iv) To Other classes	...	...	First visits	...	304
			Total visits	...	1,017

The total number of visits paid by the nurses during the past six years is as follows:—

1943	30,033	1946	19,355
1944	24,730	1947	15,987
1945	21,572	1948	19,017

In order to stimulate recruiting to the public health nursing staff the Council appointed one student health visitor during the year, and she received training in association with the Birmingham Public Health Department. It is hoped to train six during 1949.

## DAY NURSERIES.

The Council maintains three day nurseries, two of which are training nurseries. The attendances at each nursery were higher than during the previous year, and there are long waiting lists.

The total attendances during 1948 was 34,366, a daily average (excluding Saturday) of 135. The number of individual children on the registers at the end of the year was 171.

Nursery	Number of Places	Total Attend-ances 1947.	Average daily Attend-ances.	Total Attend-ances 1948.	Average daily Attend-ances.
Brasshouse Lane	60	11,564	45	13,127	52
Edgbaston Road	60	12,231	48	13,040	51
Norman Road	35	7,385	29	8,199	32

## "THE HOLLIES."

This home for children, situated in Coopers Lane, combines prevention, care, and after-care. Children from one to twelve years are received, especially those who are predisposed to disease, and those convalescing after hospital treatment.

The home has thirty beds, and is staffed by a Matron, Sister and six Nurses. Those children of school age who are fit to attend school, go to the Firs Open-Air School, adjoining "The Hollies," but take their meals and sleep in the home.

Children are usually referred by the doctors at our clinics, or direct from the hospitals. Recommendations from the family doctor are also welcomed.



Details of admissions and discharges during the year 1948 are shown below :—

Condition.		In- Patients 1/1/48	Admitted		Discharged		Re- maining 31/12/48
			Under School Age	School Age	Under School Age	School Age	
Asthma	... ..	—	—	4	—	3	1
Rheumatism	... ..	—	—	13	—	10	3
Pre-Tuberculosis	... ..	4	1	2	1	5	1
Convalescence	... ..	1	—	2	—	3	—
Others	... ..	1	9	15	7	13	5
Cases admitted on behalf of Children's Committee	... ..	—	7	—	6	—	1
Other authorities	... ..	—	1	2	1	1	1
		—	—	—	—	—	—
	Totals	6	18	38	15	35	12
		—	—	—	—	—	—

The occupation of "The Hollies" during the period represented 5,298 patient days.

## OTHER PUBLIC HEALTH SERVICES.

### MENTAL HEALTH.

On the 5th July, 1948, all duties relating to mental treatment and mental deficiency, together with care and after-care of persons suffering from mental illness and defectiveness, were taken over by the Health Department. One Duly Authorised Officer was appointed and a member of the administrative staff acts as his deputy.

After-care work is undertaken in respect of male patients by the Duly Authorised Officer, and in respect of female patients by one of the Health Visitors.

The following table gives details of the admissions and discharges of mental patients during the period from the 5th July, 1948, to the end of the year.

Mental Hospitals.	No. of Patients 5/7/48	Admissions Certified	Volun- tary	Deaths	Dis- charges	No. of Patients 1/1/49
St. Matthews	227	13	10	3	29	218
Winson Green	3	5	8	1	7	8
Barnsley Hall	1	—	1	—	2	—
Cheddleton	10	—	—	—	—	10
Highcroft Hall	4	4	—	—	—	8
Other Hospitals	17	3	3	—	1	22
New Cross (Observa- tion wards)	25	2	—	1	8	18
Totals	287	27	22	5	47	284

### MENTAL DEFICIENCY ACTS.

The following is an extract from the Return of Mental Defectives as on 1st January, 1949, with some additional information:—

	M.	F.	Total
Number of cases in Institutions (excluding cases on licence)	44	30	74
Number of cases on licence from Institutions...	3	5	8
Number of cases under Guardianship ...	7	8	15
Number of cases in " places of safety " ...	—	—	—
Number of cases under Statutory Supervision:			
Aged under 16 ...	9	9	18
Aged over 16 ...	61	48	109
Number of cases under voluntary supervision ...	69	42	111
Number of cases where action not yet taken ...	4	4	8
Number of Cases reported by Local Education authorities during the year:—			
Under Section 57 (3) ...	—	1	1
Under Section 57 (5) ...	3	1	4
Other cases ...	5	10	15
Number of cases on the Registers of Occupation Centres ...	—	2	2

## AMBULANCE SERVICE.

The Council maintains a fleet of seven ambulances and one sitting case car operated from the Borough Ambulance Station, Highway Garage, Londonderry Lane (Telephone SME. 0674). A full day and night service is available to all Smethwick residents, without charge.

The whole-time staff, under the direction of the Medical Officer of Health, comprises an Ambulance Officer, Assistant Ambulance Officer, nine drivers and attendants, three whole-time and one part-time telephonist, and necessary domestic staff.

The service is manned by the paid staff from 6.30 a.m. until 7.30 p.m. During the night and at week-ends the vehicles are manned by volunteer drivers and attendants who are members of the British Red Cross Society and the St. John Ambulance Brigade; these volunteers are most punctual and regular in their attendance, and the standard of their service is exceptionally high. Our thanks are due to them for their public-spirited work

The table below gives details of the work of the Ambulance Service during 1948:—

Patients conveyed to or from:						Total for 1948
Accident Cases	...	...	...	...	...	582
Accident Hospital, Birmingham	...	...	...	...	...	2,711
Children's Hospital, Birmingham	...	...	...	...	...	75
Dudley Road Hospital, Birmingham	...	...	...	...	...	313
General Hospital, Birmingham	...	...	...	...	...	1,120
Queen Elizabeth Hospital, Birmingham	...	...	...	...	...	135
St. Chad's Hospital, Birmingham—Illness	...	...	...	...	...	1,232
				Maternity	...	1,169
Hallam Hospital, West Bromwich	...	...	...	...	...	38
West Bromwich and District General Hospital	...	...	...	...	...	163
New Cross Hospital, Wolverhampton	...	...	...	...	...	75
Holly Lane Isolation Hospital, Smethwick	...	...	...	...	...	195
Poplars Nursing Home, Smethwick (Maternity)	...	...	...	...	...	30
Smethwick Orthopædic Clinic	...	...	...	...	...	2,488
Removals in the Borough	...	...	...	...	...	65
Other Hospitals	...	...	...	...	...	949
						<hr/> 11,340 <hr/>
Number of journeys	...	...	...	...	...	5,652
Miles travelled	...	...	...	...	...	70,118
Motor spirit consumed	...	...	...	...	...	6.675 gallons

## HOME NURSING SERVICE.

Before the "appointed day" home nursing (apart from midwifery) was undertaken by the Smethwick District Nursing Association, a voluntary association. It was administered from a commodious well-built house (The Edward Cheshire Nurses' Home) situated opposite the Council House in the most central part of the Borough. The house was vested in Trustees by the late Edward Cheshire, and the trust still provides that it "shall be under the sole management and control of the Trustees and of the Executive Committee of the Smethwick District Nursing Association so long as such Association shall be in existence and in the event of the said Association ceasing to exist then the said Nurses' Home shall be under the management and sole control of the Trustees who may use and employ such Nurses' Home and premises for purposes similar to those directed by these presents or as near thereto as practicable." Two members of the Executive Committee are appointed by the Borough Council.

Before the war the district nurses resided in the home, and the service was administered by a working matron. During the past years, however, owing to staffing and other difficulties, the house has been used only as a headquarters, and the nurses, to the number of three, reside in their own homes. There is no matron, and there is no administrator in charge. The nurses do a considerable amount of work, but their activities are severely circumscribed by the present economic difficulties.

Of the three nurses, one is a State Registered Nurse, another is a fully-trained nurse, who did not register at the appropriate time, and the third is an assistant nurse.

Conversations with representatives of the Trustees and the Association resulted in an agreement whereby the Council undertake the provision of a home nursing service for the town, while the trustees remain responsible for the maintenance of the fabric of the building by the use and up to the extent only of their endowments.

One of the senior health visitors was seconded for the supervision of the service (along with the Domestic Help Service) and additional part-time nurses were engaged.

Details of the work done during the period from 5th July to 31st December, 1948, are as follows:—

Number of patients, 5th July, 1948	...	...	...	31
New patients attended during the period	...	...	...	254
Received or transferred to hospital	...	...	...	195
Died	...	...	...	44
Number of patients, 31st December, 1948	...	...	...	46
Visits paid by the nurses during the period	...	...	...	4,633

#### DOMESTIC HELP SERVICE.

The Council has endeavoured, but with small success, to build up a domestic help service during the past few years. Owing to the highly industrial nature of the area, and therefore the competing demand by industry for women labour, it has been impossible to obtain anything like an adequate staff or to retain women for long when appointed. At the beginning of 1948 there was only one domestic help employed, and the number of cases assisted during the year was no more than 45.

At the end of the year, however, the staffing position was somewhat easier and we had five whole-time and three part-time helpers. These were then fully occupied and the demand for assistance exceeded the help available.

#### CHIROPODY SERVICE.

When the Cape Hill Branch of the Birmingham General Dispensary was taken over by the Council on the 5th July, 1948, one of the services provided was a Chiropody Clinic where treatment and advice could be obtained from two fully trained chiropodists—one male and one female. With the approval of the Minister of Health this service has been continued since the "appointed day."

The total attendances at the Clinic during the period from 5th July to 31st December, 1948, were:—

July	...	...	...	537
August	...	...	...	578
September	...	...	...	714
October	...	...	...	697
November	...	...	...	859
December	...	...	...	504
				<hr/>
				3,889
				<hr/>

The patients treated include persons of all ages. No charge is made for treatment.

## CLINICS AND TREATMENT CENTRES.

There are two comprehensive clinics, one at the "Firs," Cooper's Lane, and the other at Cape Hill, in premises formerly belonging to the Birmingham General Dispensary. Both are staffed by doctors, dentists, nurses and other workers, and are open for the various services. as follows :—

### *Infant Welfare Centres.*

The "Firs," Cooper's Lane	Monday and Thursday	2—4 p.m.
Cape Hill	Tuesday	2—4 p.m.
	Wednesday	9—12 noon
Bearwood Baptist Hall, Rawlings Road	Monday	2—4 p.m.
Warley, St. Gregory's Church Hall, Wigorn Road	Friday	2—4 p.m.
Londonderry, Community Hall, Hurst Road	Tuesday and Thursday	2—4 p.m.
Sandwell, St. Stephen's Church Hall, Cambridge Road...	Wednesday	2—4 p.m.
Oldbury Road, Oldbury Road Schools	Friday	2—4 p.m.

### *Ante-Natal Clinics.*

The "Firs ":	Monday	9—12 noon
	Tuesday	2—4 p.m.
	Wednesday	9—12 noon & 2—4 p.m.
	Friday	2—4 p.m.
Cape Hill:	Monday	2—3 p.m.
	Thursday	9—12 noon & 2—4 p.m.
	Friday	2—4 p.m.

New patients are seen by appointment at the "Firs" on Monday mornings; and at Cape Hill on Monday afternoons and Thursday afternoons.

### *Post-Natal Clinics.*

The "Firs ":	Friday	9—12 noon
Cape Hill:	Monday	3—4 p.m.

### *Dental Inspection.*

For Expectant and Nursing Mothers:—

The "Firs ":	Monday	10—11 a.m.
Cape Hill:	Monday	2—4 p.m.
	Thursday	2—4 p.m.

All new Ante-Natal patients are inspected by the Dental Surgeon on their first visit to the Clinic.

Appointments are made for treatment.

### *School Clinic.*

### *Inspection Clinic.*

The "Firs ":	Tuesday	9.30—12 noon
Cape Hill:	Friday	9.30—12 noon



*Treatment Clinic.*

The "Firs":	Monday	9.30—12 noon
	Tuesday	2—4 p.m.
	Wednesday	9.30—12 noon
	Thursday	9.30—12 noon
	Friday	9.30—12 noon

Cape Hill:	Monday	9.30—12 noon
	Tuesday	9.30—12 noon & 2—5 p.m.
	Wednesday	9.30—12 noon
	Friday	9.30—12 noon

*Dental Clinic.*

The "Firs":	9.30—12 noon & 2—5 p.m. (By appointment)
Cape Hill:	9.30—12 noon & 2—5 p.m. (By appointment)

*Eye Clinic.*

The "Firs":	Monday	2—4 p.m.
	Thursday	2—4 p.m. (By appointment)

*Skin Inspection Clinic.*

Cape Hill:	Wednesday	2—3 p.m.
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*Skin Treatment Clinic.*

The "Firs":	Tuesday	2—5 p.m.
	Wednesday	2—5 p.m.
	Friday	2—5 p.m.
Cape Hill:	Monday	9.30—12 noon
	Tuesday	9.30—12 noon
	Wednesday	9.30—12 noon
	Thursday	9.30—12 noon
	Friday	9.30—12 noon

*Ultra-Violet Light Clinic.*

The "Firs":	Wednesday	9—12 noon
	Friday	9—12 noon

*Chest Clinic.*

The "Firs":	*Monday	6—8 p.m. (Workers only)
	Tuesday	10—12 noon (Children only)
	*Wednesday	2—4 p.m.
	Thursday	2—4 p.m. (Artificial pneumo-thorax refills only)
	*Friday	2—4 p.m.
	* (X-Ray Sessions)	

*X-Rays.*

The "Firs":	Daily by appointment.
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*Foot Clinic.*

Cape Hill:	By appointment.
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*Veneral Diseases Clinic.*

General Hospital.	Daily, 10—12 noon & 5—7 p.m.
Steelhouse Lane.	(except Saturday & Sunday).
Birmingham.	Saturday & Sunday, 10—12 noon.

# REPORT OF THE CHIEF SANITARY INSPECTOR

## SANITARY ADMINISTRATION

My report for last year showed that the amount of sanitary work carried out in the department had created a new record, and this in turn has been surpassed in 1948.

### INSPECTIONS:

The volume of work handled in the department is best assessed by a reference to Table I, which summarises the inspections made to all types of premises for all purposes. Last year's new record showed that 23,393 inspections had been made. This year's inspections have attained the remarkable total of 29,721, representing a 27% increase over last year. Then I referred again to the arrears in house maintenance which had accumulated due to the neglect of the war years. This year has shown very substantial progress towards overtaking those arrears.

Table II shows the number of sanitary defects recorded and the number remedied. During the post-war years, until now, the number complied has always been a little below the number reported. It followed that the number on our books was increasing year by year. This year, however, for the first time since the war, the number of defects remedied exceeds the number reported by 4,571. This means two things—(1) the numbers on the books at any given time are considerably less, and (2) the time elapsing between report and compliance is being substantially reduced.

### COMPLAINT RATE:

The number of complaints lodged during the year was 2,382, as compared with 2,049 in the previous year. The steady annual rise in the complaint rate indicates that the services which the department is able to render are becoming more widely known and appreciated, and this fact facilitates the work of the department. Comparative figures over the last 20 years are set out below:—

Average for 10 pre-war years	...	...	...	...	...	...	788
1939	...	...	...	...	...	...	667
1940	...	...	...	...	...	...	788
1941	...	...	...	...	...	...	673
1942	...	...	...	...	...	...	752
1943	...	...	...	...	...	...	1,015
1944	...	...	...	...	...	...	1,422
1945	...	...	...	...	...	...	1,480
1946	...	...	...	...	...	...	1,691
1947	...	...	...	...	...	...	2,049
1948	...	...	...	...	...	...	2,382

### OVERCROWDING:

A reference to the section on overcrowding shows that at the close of the year 98 cases of overcrowding remained on our register—ten less than at the close of 1947. Acknowledgment must here be made of the assistance received from the Housing Committee and its officers, through whose instrumentality a further 20 seriously overcrowded families were re-housed.

## STAFF:

The number of sanitary inspectors and assistants at work throughout the year has fluctuated between six and eight. The total man months reached 86 or an average of seven and one-sixth inspectors throughout the whole year, as compared with an average of six and one-third inspectors for the year 1947. The staff position during the year is shown below:—

### *Deputy Chief Sanitary Inspector:*

Mr. R. G. Evans	...	...	...	...	12 months.
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### *Sanitary Inspectors:*

Mr. G. J. Allen	...	...	...	...	12 months.
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Mr. J. H. Morris	...	...	...	...	12 months.
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Mr. J. W. M. Rivers	...	...	...	...	12 months.
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Mr. T. H. Cutler	...	...	...	...	12 months.
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Mr. V. M. Lawton (to 31/3/48)	...	...	...	...	3 months.
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Mr. E. F. Kelly (from 11/10/48)	...	...	...	...	2 months.
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### *Pupil Sanitary Inspectors:*

Mr. L. G. Francis (from 27/1/48)	...	...	...	...	11 months.
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Mr. R. G. Marshall (from 23/2/48)	...	...	...	...	10 months.
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## CONCLUSION:

My thanks are due primarily to every member of a loyal staff. The record of their work is epitomised in the condensed but satisfactory report which follows. I feel it is a record of which they may feel justly proud.

To the Chairman and Members of the Health Committee I am indebted for continued support and encouragement, and for their wise handling of the many problems which have from time to time confronted them.

I wish also to tender my thanks to Dr. Paul whose friendly co-operation at all times facilitates the smooth and cheerful administration of the department. Lastly, I must thank the Town Clerk and my colleagues in other departments, all of whom have readily responded when called upon for advice or assistance.

JOHN H. WRIGHT,

Chief Sanitary Inspector.

# SANITARY INSPECTION OF THE AREA.

## SUMMARY OF INSPECTIONS.

The total number of visits paid to all premises for all purposes was 29,721, compared with 23,393 in the year 1947, and 22,371 in 1946. These inspections are summarised in the following table:

TABLE I.

Housing Act Inspections	...	...	...	...	...	7
Housing Act Re-visits	...	...	...	...	...	250
Inspections on Complaint	...	...	...	...	...	4,056
Re-visits re Notices Served	...	...	...	...	...	17,988
Inspections re Ashes Accommodation	...	...	...	...	...	889
Re-visits re Ashes Accommodation	...	...	...	...	...	1,818
Infectious Diseases	...	...	...	...	...	205
Meat and Food Shops	...	...	...	...	...	437
Private Slaughtering	...	...	...	...	...	133
Markets Inspected	...	...	...	...	...	64
Dairies and Milk Shops	...	...	...	...	...	28
Ice Cream Vendors	...	...	...	...	...	409
Bakehouses	...	...	...	...	...	65
Food Sampling	...	...	...	...	...	565
Factories	...	...	...	...	...	412
Pigsties	...	...	...	...	...	144
Rats and Mice (Destruction) Act	...	...	...	...	...	37
Dangerous Structures	...	...	...	...	...	2
Meat Regulations	...	...	...	...	...	13
Fertilisers and Feeding Stuffs Sampling	...	...	...	...	...	6
Insect Pests and Vermin	...	...	...	...	...	236
Smoke Observations	...	...	...	...	...	36
Visits re Smoke Abatement	...	...	...	...	...	143
Drains Tested	...	...	...	...	...	76
Visits re Overcrowding	...	...	...	...	...	615
Visits to Housing Work in progress	...	...	...	...	...	170
Workplaces	...	...	...	...	...	40
Shops Act Inspection	...	...	...	...	...	6
Outworkers	...	...	...	...	...	4
Canal Boats	...	...	...	...	...	5
Offensive Trades	...	...	...	...	...	2
Food Inspection	...	...	...	...	...	173
Food Poisoning Visits	...	...	...	...	...	2
Dirty Premises	...	...	...	...	...	2
Slaughter Houses	...	...	...	...	...	20
Miscellaneous	...	...	...	...	...	663
Total						29,721

## SUMMARY OF DEFECTS.

The following table gives a summary of the various defects encountered in the course of visits paid to all types of premises together with the number of defects remedied under each heading:—

### TABLE II.

	Found	Remedied
Dirty Premises ... ..	896	1,601
Defective Roofs, Spoutings and Eaves Gutters ...	1,233	1,993
Blocked Drains and W.C.'s ... ..	188	197
Defective Yard and Passage Surfaces ... ..	36	74
Defective Sinks and Waste Pipes ... ..	130	159
Accumulation of Offensive Matter ... ..	45	47
Defective Plaster of Walls and Ceilings ... ..	1,060	1,768
Defective Ashbins ... ..	759	1,023
Defective Water Closets ... ..	321	393
Insufficient Lighting and Ventilation ... ..	455	759
Animals kept so as to be a nuisance ... ..	6	4
Defective Water Fittings ... ..	142	157
Smoke Nuisances ... ..	3	6
Insufficient W.C. Accommodation ... ..	1	13
Dampness ... ..	342	620
Insufficient Water Supply ... ..	33	49
Insect Pests and Vermin Infestations ... ..	2	23
Defective or Insufficient Drainage ... ..	90	143
Inadequate Food Storage Accommodation ... ..	1	—
Inadequate Coal Storage Accommodation ... ..	9	3
Defective or Inadequate Washboiler Accommodation	94	169
Defective External Brickwork and Chimneys ...	606	988
Defective Floors ... ..	255	439
Defective Firegrates ... ..	153	301
Defective Stairs and Rails ... ..	56	82
Defective Rain Water Cisterns ... ..	73	73
Defective Woodwork of Windows, Doors, etc. ...	393	695
Waste Water Closets ... ..	2	2
Overcrowding ... ..	67	78
Dangerous Buildings ... ..	72	68
Rats—Surface Infestation ... ..	207	213
Rats—Sewer Infestation ... ..	708	708
Defective Privies ... ..	1	—
Miscellaneous Defects ... ..	181	343
Total ...	8,620	13,191

## WATER SUPPLY.

- (1) The quality and quantity of the water supplied to the town by the South Staffordshire Waterworks Company have been well maintained throughout the year.
- (2) Regular bacteriological and chemical analyses are made of the water, both prior to treatment and going into supply.
- (3) The water is derived chiefly from deep boreholes through red sandstone and having a hardness of 16 to 17 parts per hundred thousand has no plumbo-solvent action.



- (4) No cases of contamination have been reported during the year.
- (5) The number of houses in the town now sharing a common water supply remains at 1.1 per cent and the position with regard to water is set out below:

			Houses	Population	Percentage
Internal water supply	...	...	20,346	69,175	95.9
Separate outdoor supply	...	...	625	2,125	3.0
Communal water supply	...	...	247	840	1.1

#### WORK CARRIED OUT BY THE CORPORATION IN THE OWNERS' DEFAULT.

During the year under review the Corporation has executed work at the cost of the owner, and in default of his compliance with Notices, as follows:—

- (1) Cleansing or repair of blocked or defective drains and repairs to defective W.C.'s under Section 49 of the Santhwick Corporation Act, 1929 ... 234 cases
- (2) The supply of galvanised iron ashbins with covers, under Section 75 of the Public Health Act, 1936 ... 308 cases
- (3) Abatement of nuisances in default of compliance with Orders of the Court, Section 95, Public Health Act, 1936 ... 8 cases

#### HOUSING ACT, 1936.—OVERCROWDING.

At the close of the year there were on the register 98 cases of overcrowding. The number of overcrowded cases abated during the year was 61, of which 20 were abated by the Corporation providing alternative accommodation for the overcrowded family.

#### RATS AND MICE DESTRUCTION.

The number of premises cleared of rats and mice during the year was 245, and the estimated number of rats killed was 1,140.

Two maintenance treatments of the town's sewers were also undertaken, baits being deposited in a total of 833 manholes. Forty complete takes and 329 partial takes were recorded.

#### INSPECTION AND SUPERVISION OF FOOD.

##### (a) *Milk Supply.*

The number of samples submitted for bacteriological examination was 186. The results of the examinations are summarised in the following table:

TABLE III.

Type of Milk	No. of Samples	Tests Applied	Satisfactory	Unsatisfactory
Pasteurised	62	Phosphatase	62	—
		Methylene Blue	61	1
Tuberculin Tested (Pasteurised)	54	Phosphatase	52	2
		Methylene Blue	52	2
Tuberculin Tested	2	Phosphatase	2	—
		Methylene Blue	2	—
Heat Treated	4	Phosphatase	4	—
		Methylene Blue	2	2
Sterilised	62	Phosphatase	62	—
		Methylene Blue	62	—
Non-designated	2	Phosphatase	2	—
		Methylene Blue	1	1

### Summary:

Milk examined for keeping quality (Methylene Blue)—3.2 per cent unsatisfactory. Milk examined for efficiency of pasteurisation (phosphatase test)—1.1 per cent unsatisfactory.

### (b) Other Foods.

The articles of food which it has been found necessary to condemn for diseased or unsound conditions are summarised in the table below. In all cases the food was surrendered and destroyed or was so disposed of as to prevent its use for human food.

TABLE IV.

				Tons	Cwts.	Qrs.	Lbs.	Ozs.
Meat	...	...	...	—	19	3	11	3
Fish	...	...	...	—	15	1	20	6
Fruit	...	...	...	1	15	1	22	8
Vegetables	...	...	...	1	4	1	15	1
Fats	...	...	...	—	6	0	18	0
Miscellaneous	...	...	...	3	7	0	26	2
				8	8	2	1	4

### HOME REARED PIGS SLAUGHTERED FOR HUMAN CONSUMPTION ON PRIVATE PREMISES.

The following table shows the number of pigs slaughtered and inspected, together with a statement as to the amount and nature of disease encountered in such pigs.

TABLE V.

Number of pigs killed	...	...	...	...	...	...	112
Number of pigs inspected	...	...	...	...	...	...	112
Number found diseased:—							

#### (a) All diseases except Tuberculosis:—

(i) Carcases of which some part or organ was condemned	...	...	...	...	...	...	4
(ii) Percentage of number affected with disease other than T.B.	...	...	...	...	...	...	3.57

#### (b) Tuberculosis only:—

(i) Carcases of which some part or organ was condemned	...	...	...	...	...	...	2
(ii) Percentage of number affected with Tuberculosis	...	...	...	...	...	...	1.78

Because of the continuance of centralised slaughtering, the only animals killed within the borough during the year have been home-reared pigs killed on private premises for home consumption. As will be seen from the above Table, these pigs proved to be remarkably healthy, only two pigs out of 112 being affected with tuberculosis, and only four showing evidence of non-tubercular disease.

### ICE CREAM.

At the close of the year 88 premises were registered for the manufacture and/or sale of Ice Cream. This compared with 35 registrations in 1947. All these premises have been regularly visited and the provisions of both the Ice Cream (Heat Treatment) Regulations, 1947, and the Food and Drugs Act, 1938, Section 13, are being observed.

Twenty-one samples of Ice Cream were submitted for bacteriological examination during the year.

The registered premises are as follows:—

For manufacture and sale (Hot Mix Process)	...	...	6
For manufacture and sale (Complete Cold Mix)	...	...	15
For sale only	...	...	67
Total	...	...	88

## CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

The Borough Analysts, Messrs. Bostock, Hill and Rigby, of Birmingham, carry out chemical analyses of food, drugs, water, air, etc., and bacteriological examination of Ice Cream.

Bacteriological examination of food, including examination of milk for methylene blue reduction test, bacterial count, phosphatase test, and the presence of B. Coli, as well as the biological examination of milk for the presence of Tubercle Bacilli were undertaken at the Department of Bacteriology, The Medical School, Hospitals Centre, Birmingham.

TABLE VI.

### SUMMARY OF ARTICLES OF FOOD AND DRUGS SUBMITTED TO THE PUBLIC ANALYST AND THE RESULTS OF THE ANALYSES.

Article Analysed	Total Samples	Genuine	Not Genuine
Milk	103	99	4
Fats and Oils	12	9	3
Herbs, Spices and Flavourings	31	29	2
Cake Mixtures, Leavening Agents, etc.	18	18	—
Sundry Drugs and Laxatives	23	18	5
Cordials, Fruit Drinks and Alcohol	4	4	—
Condiments	9	8	1
Meat and Fish Pastes	16	16	—
Coffee and Chicory	6	6	—
Miscellaneous Vegetables	9	7	2
Sauces, Relishes, Pickles, etc.	10	10	—
Junket Powder	1	1	—
Ginger	1	1	—
Gravy Salts and Brownings	9	7	2
Sausages, Savouries, etc.	5	5	—
Miscellaneous Fruits	1	1	—
Sweetening Tablets	1	1	—
Soups	3	3	—
Cocoa	1	1	—
Barley Flour	1	1	—
Fluid Beef	1	—	1
Semolina	3	3	—
Oatmeal	2	2	—
Sweets	1	1	—
	<u>271</u>	<u>251</u>	<u>20</u>

PREMISES.	Number on Register	NUMBER OF		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	18	40	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	185	112	39	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	—	—	—	—
TOTAL ... ..	203	452	42	—

## 2. CASES IN WHICH DEFECTS WERE FOUND.

PARTICULARS.	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ... ..	—	—	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	2	2	—	—	—
Inadequate ventilation (S.4) ... ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ..	—	—	—	—	—
Sanitary Conveniences (S.7) :					
(a) insufficient ... ..	3	5	—	1	—
(b) unsuitable or defective ... ..	36	31	—	10	—
(c) not separate for sexes ... ..	1	1	—	—	—
Other offences against the Act (not including offences relating to Outwork) ... ..	—	—	—	—	—
TOTAL ... ..	45	42	—	11	—

## APPENDIX.

Causes of Death at different Periods of Life in the  
County Borough of Smethwick, 1948.

CAUSES OF DEATH	Sex	All Ages	0—	1—	5—	15—	45—	65—
ALL CAUSES	M F	451 396	29 13	2 2	4 2	44 30	121 88	251 261
1. Typhoid and Paratyphoid Fevers...	M F	— —	— —	— —	— —	— —	— —	— —
2. Cerebro-Spinal Fever ... ..	M F	— —	— —	— —	— —	— —	— —	— —
3. Scarlet Fever ... ..	M F	— —	— —	— —	— —	— —	— —	— —
4. Whooping Cough ... ..	M F	— —	— —	— —	— —	— —	— —	— —
5. Diphtheria ... ..	M F	— —	— —	— —	— —	— —	— —	— —
6. Tuberculosis of Respiratory System ...	M F	30 18	— —	— 1	— —	14 10	10 4	6 3
7. Other Forms of Tuberculosis ... ..	M F	— —	— —	— —	— —	— —	— —	— —
8. Syphilitic Disease ... ..	M F	2 5	— —	— —	— —	1 1	— 2	— —
9. Influenza ... ..	M F	1 1	— —	— —	— —	— —	— —	— —
10. Measles ... ..	M F	1 —	— —	1 —	— —	— —	— —	— —
11. Acute Poliomyelitis and Polioencephalitis	M F	1 1	— —	1 —	— 1	— —	— —	— —
12. Acute Infectious Encephalitis ... ..	M F	1 —	— —	— —	1 —	— —	— —	— —
13. Cancer of Buccal Cavity and Oesophagus (M), Uterus (F)	M F	9 5	— —	— —	— —	1 —	4 3	— —
14. Cancer of Stomach and Duodenum ...	M F	11 10	— —	— —	— —	— —	5 2	— —
15. Cancer of Breast ... ..	M F	— 13	— —	— —	— —	— 1	— 9	— —
16. Cancer of all other Sites ... ..	M F	67 42	— —	— —	— 1	4 5	30 14	3 2
17. Diabetes ... ..	M F	2 7	— —	— —	— —	— —	1 3	— —
18. Intra Cranial Vascular Lesions ... ..	M F	42 51	— —	— —	— —	3 1	8 7	3 4
19. Heart Disease ... ..	M F	106 122	— —	— —	— —	6 4	28 23	— —
20. Other Diseases of the Circulatory System	M F	19 19	— —	— —	— —	— 2	3 4	— —
21. Bronchitis ... ..	M F	28 17	2 1	— —	— —	1 —	5 2	— —
22. Pneumonia ... ..	M F	25 19	3 3	— —	— —	1 1	7 4	— —
23. Other Respiratory Diseases...	M F	8 5	— —	— —	1 —	— —	6 2	— —
24. Ulceration of the Stomach or Duodenum	M F	3 1	— —	— —	— —	— —	3 —	— —
25. Diarrhoea under two years ... ..	M F	1 —	1 —	— —	— —	— —	— —	— —
26. Appendicitis ... ..	M F	— 2	— —	— —	— —	— —	— —	— —
27. Other Digestive Diseases ... ..	M F	10 6	2 —	— —	— —	2 1	1 3	— —
28. Acute and Chronic Nephritis ... ..	M F	10 8	— —	— —	— —	1 —	1 1	— —
29. Puerperal and Post Abortive Sepsis ...	F	—	—	—	—	—	—	—
30. Other Maternal Causes ... ..	F	1	—	—	—	1	—	—
31. Premature Birth... ..	M F	6 2	6 2	— —	— —	— —	— —	— —
32. Congenital Malformation, Birth Injury, Infantile Disease	M F	14 6	13 5	— —	— —	1 1	— —	— —
33. Suicide ... ..	M F	5 3	— —	— —	— —	2 1	1 2	— —
34. Road Traffic Accidents ... ..	M F	6 —	— —	— —	— —	3 —	1 —	— —
35. Other Violent Causes ... ..	M F	5 4	2 1	— —	1 —	— —	— —	— —
36. All other Causes ... ..	M F	38 28	— 1	— 1	1 —	4 1	6 3	— —